C	ERTIFICATE OF MAILING				
I hereby certify that this Information Disclosure Statement is be Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22	eing hand delivered to the United St 313-1450 on this date.	tates Patent a	and Trade	mark Office at:	
Typed or Printed Name Maria J. Sousa	ρ				
Signature Maria).	Dura	*	Date	August 12, 2003	
	Arterney Docket	ZURN-0	ZURN-001		
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT	First Named Inventor	Zurn, William Harrison			
	Application Number	09/972,347			
STATEMENT	Filing Date	October 9, 2001			
Address to:	Group Art Unit	3671			
Commissioner for Patents P.O. Box 1450	Examiner Name	Pechhold, Alexandra K.			
Alexandria, VA 22313-1450	Title: Modular, Robotic Road Repair Machine (as amended)				

Sir:

This is a Supplemental Information Disclosure Statement submitted for the Examiner's consideration. This is being filed *after* three months of the filing date or *after* the mailing date of the first Office Action on the merits, whichever event occurred last but *before* the mailing date of either a final action under §1.113 or a notice of allowance under §1.311, whichever occurs first.

Accordingly, Form PTO-1449 listing one reference accompanies this paper. Applicant would appreciate the Examiner's initialing and returning the forms to indicate that the reference has been reviewed and made of record. Accordingly one copy of the reference is included on the PTO-1449.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

The Commissioner is hereby authorized to charge the \$180.00 for Filing an Information Disclosure Statement to Deposit Account No. 50-2653, order No. ZURN-001 as noted on the Fee Transmittal Submitted with this filing. Any underpayment of fees associated with this communication, including necessary fees for extinctions of time, or credit of any overpayment is authorized to be charged to deposit account No. 50-2653, reference No. ZURN-001.

Date: August 12, 2003

LAW OFFICE OF ALAN W. CANNON 834 South Wolfe Road Sunnyvale, CA 94086

Telephone: (408) 736-3554 Facsimile: (408) 736-3564 Respectfully submitted,

LAW OFFICE OF ALAN W. CANNON

Alan W. Cannon

Registration No. 34,977

Page 1	of	1
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INFORMATION DISCLOSURE CITATION

Form PTO-1449 (Modified) (Use several sheets if necessary)

	1 490 1 01	
ATTY. DOCKET NO.	SERIAL NO.	
ZURN-001	09/972,347	
Confirmation Number Unkno	wn	
APPLICANT		
Zurn, Will	iam Harrison	
FILING DATE	GROUP	
October 9, 2001	3671	

US PATENT DOCUMENTS

Examiner		Document Number	Date	Name	Class	Subclass	Filing Date
Initial							If Appropriate
	Al	5,362,176	11/08/1994	Robert A. Sovik			
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EXAMIII	NEK
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DATE CONSIDERED

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.